

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification Form

Approval by OMB

3060-0804

The Deadline to submit this Form is the June 30th End of the Funding Year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: HCP Information1 HCP Name **Providence Seward Medical Center** 2 HCP Number **10382**3 Form 465 Application # **45105** 4 Consortium Name (If any)**Block 2: Bill Payer Information**5 Billed Entity Name **Providence Seward Medical Center** 6 Billed Entity FCC RN **0013793187**

7 Contact Name

Maryann Freepartner8 Address Line 1 **417 1st Ave.**

9 Address Line 2

10 City **Seward** 11 State **AK** 12 Zip **99664-0365**

13 Contact Phone # 14 Fax #

907-224-2980 907-224-5250

15 E-Mail

maryann.freepartner@providence.org**Block 3: Funding Year Information**

16 Funding Year - Check only one box

Year 2010 (7/1/2010-6/30/2011)

☒ Year 2011 (7/1/2011-6/30/2012)

Year 2012 (7/1/2012-6/30/2013)

Block 4: Service Information17 Type of Service **T1 or DS1**Circuit Bandwidth **1544**18 Total Billed Miles **0**19 Maximum Allowable Distance (From Form 465) **85**20 Percentage of HCP's service used for the provision of health care. **100%** (If less than 100%, please explain.)
If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

| Connection Information | Carrier A | Carrier B | Carrier C | Carrier D |
|--------------------------------------------------------|-------------------------------------------------|-----------|-----------|-----------|
| 21 Service Provider Name | Alascom, Inc. - DBA AT&T Alascom | | | |
| 22 Service Provider Identification Number (SPIN) | 143005617 | | | |
| 23 Service Provider Contact Person Name | janet Schmid | | | |
| 24 Service Provider Contact Person's Phone # | 312-364-7354 | | | |
| 25 Service Provider Contact Person Email | js1474@att.com | | | |
| 26 Circuit Start Location | Seward AK | | | |
| 27 Circuit Termination Location | Anchorage AK | | | |
| 28 Billing Account Number | 8002-765-6315 | | | |
| 29 Tariff, Contract, or | 119829 | | | |

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other document reference
number

30 Date Contract Signed or Date HCP Selected **8/28/2009**

Carrier

31 Contract Expiration Date **8/28/2012**
(mm/dd/yyyy or "Month to Month")

32 Service Installation Date **11/3/2009**

33 Actual Rural Rate per Month **11139.2**

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.

Circuit Diagram Attached? **Yes**

35 Are you a mobile rural health care provider? **No**

If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

| | Carrier A | Carrier B | Carrier C | Carrier D |
|---------------------------------------------------------------------|-----------|-----------|-----------|-----------|
| 36 Billed Circuit Miles | | | | |
| 37 Monthly Mileage Charges (exclude Channel Termination chgs, etc.) | \$ | \$ | \$ | \$ |
| 38 Cost per Mile per Month | | | | |

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37.

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please call RHCD at 1-800-229-5476 if you need assistance.

| | Carrier A | Carrier B | Carrier C | Carrier D |
|-----------------------------------------------------------------------|-----------|-----------|-----------|-----------|
| 39 One-time Urban Rate Charge (in selected large city) | \$ | \$ | \$ | \$ |
| 40 One-time Rural Rate Charge (in city where HCP is located) | \$ | \$ | \$ | \$ |
| 41 Monthly Urban Rate (in selected large city) From RHCD web site. | \$ 198.3 | \$ | \$ | \$ |

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles

43 Monthly Mileage Based Charges \$ \$ \$

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44 Cost per Mile per \$ \$ \$ \$
Month

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 466 Request for Services posted on the RHCD web site?
If you check yes, copies of the bids MUST be mailed to RHCD.

No

Block 8: Certification

46 **YES:** I certify that the above named entity has considered all bids received and selected the most cost effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 **YES:** Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 **YES:** I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 **YES:** I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature
ECERT-1/10/2012

51 Date

52 Printed name
Maryann Freepartner

53 Title or position
Finance manager

54 Employer of authorized person
Providence Health & Services

55 Employer's FCC RN
0013793187

Please remember:

- You must submit one Form 466 for each service (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
 - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, call RHCD at 1-800-229-5476.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

EXHIBIT 15
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Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. § 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information

for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted to: Rural Health Care Division, 30 Lanidex Plaza West, P.O. Box 685, Parsippany, NJ 07054-0685

FCC Form 466
April 2008

[Click here to return to the HCP Information Page](#)

EXHIBIT 15
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Freepartner, Maryann

From: ecert@universalservice.org
Sent: Tuesday, January 10, 2012 9:46 AM
To: Freepartner, Maryann
Subject: Successful E-cert of 2011 RHCD Form 466 (HCP 10382)

Your Form 466 has been successfully E-certified to the RHCD website (www.rhc.universalservice.org) at 1:46:06 PM on 1/10/2012.

HCP Number: 10382

HCP Name: Providence Seward Medical Center Funding Year: 2011 Tracking Number: 61909 Sent to: maryann.freepartner@providence.org

Please remember that in order to complete processing, you must submit documentation of your circuit's service cost per month (Block 4 Line 33).

A copy of a bill or service agreement is acceptable. In addition, a copy of your contract, if any and documentation of the urban rate (if not using RHCD's) must be submitted. In addition, you must submit paper copies of bids or other responses received in response to the request for services.

Send these materials, labeled with your HCP number to:

Rural Health Care Division
30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

PLEASE DO NOT REPLY TO THIS EMAIL. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE PLEASE CALL 1-800-229-5476.

FCC Form

Health Care Providers Universal Service

466

Funding Request and Certification FormApproval by OMB
3060-0804

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|--------------------------|--------------------------------------------------------|------------------------|-----------|-----------|-----------|-----------|--------------------------|-------------------------------------------------|--|--|--|--------------------------------------------------|------------------|--|--|--|-----------------------------------------|---------------------|--|--|--|----------------------------------------------|---------------------|--|--|--|------------------------------------------|-----------------------|--|--|--|---------------------------|------------------|--|--|--|---------------------------------|---------------------|--|--|--|---------------------------|----------------------|--|--|--|-------------------------|---------------|--|--|--|
| 1 HCP Name Providence Seward Medical Center | | 2 HCP Number 10382 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Form 465 Application # 45105 | | 4 Consortium Name (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Block 2: Bill Payer Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Billed Entity Name Providence Seward Medical Center | | 6 Billed Entity FCC RN 0013793187 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Contact Name Maryann Freepartner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Address Line 1 417 1st Ave. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Address Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 City Seward | | 11 State AK | 12 Zip 99664-0365 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Contact Phone # 907-224-2980 | | 14 Fax # 907-224-5250 | | 15 E-Mail maryann.freepartner@providence.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Block 3: Funding Year Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 Funding Year - Check only one box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year 2010 (7/1/2010-6/30/2011) | | <input checked="" type="checkbox"/> Year 2011 (7/1/2011-6/30/2012) | | Year 2012 (7/1/2012-6/30/2013) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Block 4: Service Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 Type of Service T1 or DS1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Circuit Bandwidth 1544 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 Total Billed Miles 0 | | 19 Maximum Allowable Distance (From Form 465) 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 Percentage of HCP's service used for the provision of health care. 100% (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Connection Information</th> <th>Carrier A</th> <th>Carrier B</th> <th>Carrier C</th> <th>Carrier D</th> </tr> </thead> <tbody> <tr> <td>21 Service Provider Name</td> <td colspan="4">Alascom, Inc. - DBA AT&T Alascom</td> </tr> <tr> <td>22 Service Provider Identification Number (SPIN)</td> <td colspan="4">143005617</td> </tr> <tr> <td>23 Service Provider Contact Person Name</td> <td colspan="4">Janet Schmid</td> </tr> <tr> <td>24 Service Provider Contact Person's Phone #</td> <td colspan="4">312-364-7354</td> </tr> <tr> <td>25 Service Provider Contact Person Email</td> <td colspan="4">js1474@att.com</td> </tr> <tr> <td>26 Circuit Start Location</td> <td colspan="4">Seward AK</td> </tr> <tr> <td>27 Circuit Termination Location</td> <td colspan="4">Anchorage AK</td> </tr> <tr> <td>28 Billing Account Number</td> <td colspan="4">8002-765-6315</td> </tr> <tr> <td>29 Tariff, Contract, or</td> <td colspan="4">119829</td> </tr> </tbody> </table> | | | | | Connection Information | Carrier A | Carrier B | Carrier C | Carrier D | 21 Service Provider Name | Alascom, Inc. - DBA AT&T Alascom | | | | 22 Service Provider Identification Number (SPIN) | 143005617 | | | | 23 Service Provider Contact Person Name | Janet Schmid | | | | 24 Service Provider Contact Person's Phone # | 312-364-7354 | | | | 25 Service Provider Contact Person Email | js1474@att.com | | | | 26 Circuit Start Location | Seward AK | | | | 27 Circuit Termination Location | Anchorage AK | | | | 28 Billing Account Number | 8002-765-6315 | | | | 29 Tariff, Contract, or | 119829 | | | |
| Connection Information | Carrier A | Carrier B | Carrier C | Carrier D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Service Provider Name | Alascom, Inc. - DBA AT&T Alascom | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 23 Service Provider Contact Person Name | Janet Schmid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Service Provider Contact Person's Phone # | 312-364-7354 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Service Provider Contact Person Email | js1474@att.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 Circuit Start Location | Seward AK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 Circuit Termination Location | Anchorage AK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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other document reference
number

30 Date Contract Signed or Date HCP Selected 8/28/2009

Carrier

31 Contract Expiration Date 8/28/2012

(mm/dd/yyyy or "Month to Month")

32 Service Installation Date 11/3/2009

33 Actual Rural Rate per Month 11139.2

34 If you are a consortia member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provide each circuit segment.

Circuit Diagram Attached? Yes

35 Are you a mobile rural health care provider? No

If yes, see instructions and attach a list of all sites to be served.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

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If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44; Otherwise, skip to Block 7 (next page).

42 Billed Circuit Miles

| | Carrier A | Carrier B | Carrier C | Carrier D |
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EXHIBIT 15

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44 Cost per Mile per \$ \$ \$ \$
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Block 7: Bid Documentation

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53 Title or position
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FCC Form 466
April 2008

[Click here to return to the HCP Information Page](#)

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Page 9 of 10

Freepartner, Maryann

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Ex. 16



Universal Service Administrative Company

Rural Health Care Division

Administrator's Decision on Rural Health Care Program Appeal

Via Electronic and Certified Mail

January 16, 2012

Ms. Maryann Freepartner
Finance Manager
Providence Seward Mountain Haven
P.O. Box 365
Seward, AK 99664

Re: Request for Reconsideration of Denial
Providence Seward Mountain Haven, HCP #10382, Packets #102861, 102862

Dear Ms. Freepartner,

The Universal Service Administrative Company (USAC) has completed its evaluation of the October 28, 2011 letter of appeal you submitted on behalf of Providence Seward Mountain Haven (Providence). Your appeal requested that USAC reevaluate the amount of funding provided for Packets #102861 and 102862 for Funding Year 2010. Upon review, USAC concludes that funding was calculated correctly and appropriately for the packets in question.

Decision on Appeal and Explanation: Denied.

Providence submitted Packets #102861 and 102862 on April 8, 2011, reflecting contracted service for two T1 circuits. Funding commitment letters (FCLs) were sent on September 8, 2011.

Providence disputes USAC's calculation of support and argues that the "circuits are not mileage based."¹

Section 54.613(a) of the Federal Communications Commission rules state
Upon submitting a bona fide request to a telecommunications carrier, each eligible rural health care provider is entitled to receive the most cost-effective, commercially-available telecommunications service at a rate no higher than the highest urban rate, as defined in § 54.605, *at a distance not to exceed the distance between the eligible health care provider's site and*

¹ Letter of Appeal at 1.

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Page 1 of 2

*the farthest point on the jurisdictional boundary of the city in that state with the largest population (emphasis added).*²

USAC refers to the "distance not to exceed" as the Maximum Allowable Distance, or MAD. The MAD is calculated by USAC when the Form 465 is processed. USAC includes the MAD in Block 1 of the Form 465 when the form is posted on the USAC website.³ The MAD for Seward, Alaska, is 85 miles, which is the distance between Seward and the farthest jurisdictional boundary point of Anchorage, the city in Alaska with the largest population.

The service agreement submitted with Providence's packets shows that each circuit is billed for 475 miles; this was confirmed in an email from AT&T Alaska.⁴ Providence is not eligible to receive Rural Health Care Program support for the distance beyond the MAD. Therefore, miles 86-475 are not fundable.

Providence requested \$8,784.27 in monthly support per circuit.⁵ Because the requested supported exceeded the MAD by 390 miles, \$6,871.80⁶ was correctly deducted from the total rural rate. Therefore, the appeal is hereby denied.

If you wish to appeal this decision, you may file an appeal pursuant to 47 C.F.R. Part 54, Subpart I. Detailed instructions for filing appeals are available at:
www.usac.org/rhc/about/filing-appeals.aspx.

Sincerely,

//s// USAC

² 47 C.F.R. § 54.613(a).

³ Instructions to the FCC Form 466, at 4.

⁴ Alascom Data Services Circuit Term Plan Pricing Schedule, 3. See also, Email from Andrew Rabung, AT&T Alaska to USAC (Sept. 23, 2010, 5:06 p.m.).

⁵ Calculated as the rural rate of \$9,005.20 minus the urban rate of \$220.93. See 47 C.F.R. § 54.609(a).

⁶ Calculated as 390 miles times the rate per mile per month of \$17.62. See Email from Andrew Rabung, AT&T Alaska, to USAC (Sept. 23, 2010, 5:06 p.m.)(providing rate per mile).

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Page 2 of 2

Ex. 17



30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Rural Health Care Division
www.rhc.universalservice.org
Phone: 1-800-229-5476

February 02, 2012

Maryann Freepartner
Providence Seward Medical Center
P.O. Box 365,
Seward, AK 99664

Re: Funding Commitment for Funding Year 2011, Packet ID# 111905

Dear Maryann Freepartner:

The Rural Health Care division (RHC) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Form 466 or 466-A requesting for support for telecommunications or Internet services.

Based on the information provided on your application(s), the RHC has determined that the rural HCP may receive the one time (non-recurring) and monthly recurring support amounts shown below for Funding Year 2011 (7/1/11 to 6/30/12). The estimated total support amount the RHC has reserved for your request is listed below.

Service: T1 or DS1 - 1544 Kbps
Billing Account Number: 8002-765-6315

| Type of Service Agreement | Eligible Support Start Date | Support End Date | Estimated Months of Support | Non-Recurring Support Amount | Monthly Recurring Support Amount | Estimated Total Support Amount | Funding Request Number |
|---------------------------|-----------------------------|------------------|-----------------------------|------------------------------|----------------------------------|--------------------------------|------------------------|
| Contract | 07/01/2011 | 06/30/2012 | 12 | \$0.00 | \$10,780.13 | \$129,361.56 | 58412 |

We have sent this letter to both the rural Health Care Provider (HCP) mailing address above and the rural HCP physical location below (if these addresses are different).

HCP Number: 10382
HCP Contact Name: Maryann Freepartner
HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Service Provider Identification Number (SPIN): 143005617
Next Steps

EXHIBIT 17
Page 1 of 6

It is important to save this letter. The next step in this process is to complete and submit an FCC Form 467. An electronic certification option is available through the RHC website, allowing you to submit the Form 467 online. See the "E-certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (if this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number (FRN) in the table above to complete Form 467. Your completed Form 467 allows RHC to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, take special care when completing Block 5, Item 12, which requires the Billing Account Number (BAN) of the organization eligible to receive the "universal service support credit." The BAN is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHC recommends that HCPs verify the BAN with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, verify the BAN with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the HCP. The signer of Form 467 is certifying that the eligible HCP has or will receive the benefit of the universal service support.

The BAN, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHC and the FCC. The RHC must be immediately notified if the supported services are not being conveyed to the eligible HCP, or the eligible HCP is not otherwise receiving the benefit of this federal universal service support. HCPs that are approved for support are reminded that it, and any entity that filed an application on its behalf, continue to be subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If the RHC discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHC and other appropriate federal, state, and local authorities.

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466-A.
- **Type of Service Agreement:** This reflects RHC's determination of whether the applicant is eligible for support based on a contract or a month-to-month service. For contract service, RHC must have reviewed the relevant document(s) and determined that they meet RHC contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month-to-month service, or if an HCP is eligible for month to month service support prior to the contract award date, it is treated as month-to-month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHC website, but month-to-month service is never eligible for such pre-posting support. Questions about contract/month-to-month determination may be directed to the RHC Customer Service Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date on which the RHC will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466-A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHC website, depending on which is later and the type of service agreement.

- **Support End Date:** The end date of Funding Year 2011 is June 30, 2012. This is also the last day support may be given to eligible rural HCPs for Funding Year 2011 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the Eligible Support Start Date to the Support End Date based upon information provided on Forms 466 or 466-A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466-A and supporting documentation. It may be different from the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the HCP should receive on bills from the service provider on a monthly basis during Funding Year 2011. This amount is calculated from the information provided by the HCP on Form 466 or 466-A and supporting documentation. It may be different than the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHC on Form 467.
- **Funding Request Number:** The number assigned by the RHC used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/466A.

Appeals

The RHC recognizes that you may disagree with our decision. If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter. Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/filing-appeals.aspx>.

Funding Years

The Funding Year application-filing window will always open well before the beginning of the funding year on July 1. Check the RHC website for dates and details. The FCC requires applicants to re-file each funding year to participate in the RHC program, and applicants must complete and have a Form 465 posted on the RHC website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, you may call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Be sure to have your HCP Number available.

Sincerely,

RHC - USAC

cc: Alascom, Inc. - DBA AT&T Alascom, Providence Seward Medical Center



30 Lanidex Plaza West
P.O. Box 685
Parsippany, NJ 07054-0685

Rural Health Care Division
www.rhc.universalservice.org
Phone: 1-800-229-5476

February 02, 2012

Maryann Freepartner
Providence Seward Medical Center
P.O. Box 365,
Seward, AK 99664

Re: Funding Commitment for Funding Year 2011, Packet ID# 111909

Dear Maryann Freepartner:

The Rural Health Care division (RHC) of the Universal Service Administrative Company (USAC) has completed a review of your FCC Form 466 or 466-A requesting for support for telecommunications or Internet services.

Based on the information provided on your application(s), the RHC has determined that the rural HCP may receive the one time (non-recurring) and monthly recurring support amounts shown below for Funding Year 2011 (7/1/11 to 6/30/12). The estimated total support amount the RHC has reserved for your request is listed below.

Service: T1 or DS1 - 1544 Kbps
Billing Account Number: 8002-765-6315

| Type of Service Agreement | Eligible Support Start Date | Support End Date | Estimated Months of Support | Non-Recurring Support Amount | Monthly Recurring Support Amount | Estimated Total Support Amount | Funding Request Number |
|---------------------------|-----------------------------|------------------|-----------------------------|------------------------------|----------------------------------|--------------------------------|------------------------|
| Contract | 07/01/2011 | 06/30/2012 | 12 | \$0.00 | \$10,780.13 | \$129,361.56 | 58413 |

We have sent this letter to both the rural Health Care Provider (HCP) mailing address above and the rural HCP physical location below (if these addresses are different).

HCP Number: 10382
HCP Contact Name: Maryann Freepartner
HCP Name: Providence Seward Medical Center
HCP Address: 417 1st Ave.
Seward, AK 99664

In addition, a copy of this letter has been sent to your service provider listed below.

Service Provider Name: Alascom, Inc. - DBA AT&T Alascom
Service Provider Identification Number (SPIN): 143005617
Next Steps

EXHIBIT 17
Page 4 of 6

It is important to save this letter. The next step in this process is to complete and submit an FCC Form 467. An electronic certification option is available through the RHC website, allowing you to submit the Form 467 online. See the "E-certification" section of the website for details. This will confirm your receipt of the services for which support has been approved, and the date on which the service provider began providing those services (if this funding commitment letter is for zero support, you need not complete a Form 467). You will need the Funding Request Number (FRN) in the table above to complete Form 467. Your completed Form 467 allows RHC to begin processing invoices from the service provider for your support. You should contact each service provider yourself to make any necessary arrangements regarding billing of supported services and any other administrative details relevant to your participation in this universal service program.

When filling out Form 467, take special care when completing Block 5, Item 12, which requires the Billing Account Number (BAN) of the organization eligible to receive the "universal service support credit." The BAN is an account code used by service providers to track charges and credits for customers and is listed on the bill for the supported service. The RHC recommends that HCPs verify the BAN with their service provider.

The Billing Account Number in Item 12 must belong to the entity that is actually billed for the supported service. If the service used by the rural HCP is billed to another organization, such as the "parent" entity in a telemedicine consortium or network, verify the BAN with that organization. FCC rules specifically state that the benefits of this program are only available to eligible rural HCPs. Therefore, although the service may be billed to another organization, the benefits of the support must clearly flow to the eligible rural HCP.

The Form 467 should be signed by the HCP employee responsible for procuring or maintaining the requested services for the HCP. The signer of Form 467 is certifying that the eligible HCP has or will receive the benefit of the universal service support.

The BAN, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by the RHC and the FCC. The RHC must be immediately notified if the supported services are not being conveyed to the eligible HCP, or the eligible HCP is not otherwise receiving the benefit of this federal universal service support. HCPs that are approved for support are reminded that it, and any entity that filed an application on its behalf, continue to be subject to audits and other reviews that the RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If the RHC discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHC and other appropriate federal, state, and local authorities.

To help you understand the information provided in this letter, the following definitions are provided:

- **Service:** The type of service ordered from the service provider as shown on Form 466 or 466-A.
- **Type of Service Agreement:** This reflects RHC's determination of whether the applicant is eligible for support based on a contract or a month-to-month service. For contract service, RHC must have reviewed the relevant document(s) and determined that they meet RHC contract criteria (written document signed by both parties with a valid contract award date and sufficient terms of service). Agreements that do not meet the standards for treatment as contracts are treated as month-to-month service, or if an HCP is eligible for month to month service support prior to the contract award date, it is treated as month-to-month service. In some circumstances, service under a pre-existing contract may be supportable before the 29th day that Form 465 was posted on the RHC website, but month-to-month service is never eligible for such pre-posting support. Questions about contract/month-to-month determination may be directed to the RHC Customer Service Support Center at 1-800-229-5476.
- **Eligible Support Start Date:** The first possible date on which the RHC will provide support for the requested service. Note: If the actual start date on Form 467 is different from the date on Form 466 or Form 466-A, the eligible start date will either be the date shown on Form 467 or the 29th day after Form 465 was posted on the RHC website, depending on which is later and the type of service agreement.

- **Support End Date:** The end date of Funding Year 2011 is June 30, 2012. This is also the last day support may be given to eligible rural HCPs for Funding Year 2011 of the program.
- **Estimated Months of Support:** The number of full and partial months, calculated from the Eligible Support Start Date to the Support End Date based upon information provided on Forms 466 or 466-A and supporting documentation.
- **Non-Recurring Support Amount:** The eligible one-time charges associated with the services ordered from the service provider. This amount is calculated from information provided on Forms 466 or 466-A and supporting documentation. It may be different from the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Monthly Recurring Support Amount:** The eligible monthly recurring support that the HCP should receive on bills from the service provider on a monthly basis during Funding Year 2011. This amount is calculated from the information provided by the HCP on Form 466 or 466-A and supporting documentation. It may be different than the amounts submitted by the HCP because of an adjustment determined to be appropriate under program rules.
- **Estimated Total Support Amount:** The Monthly Recurring Support Amount multiplied by the Estimated Months of Support, plus the Non-Recurring Support Amount. The actual total support amount may differ from the amount shown above, depending upon when service actually started, as reported to RHC on Form 467.
- **Funding Request Number:** The number assigned by the RHC used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 466/466A.

Appeals

The RHC recognizes that you may disagree with our decision. **If you wish to file an appeal, your appeal must be emailed or postmarked within 60 days of the date of this letter.** Detailed instructions on filing an appeal may be found at: <http://www.usac.org/rhc/about/filing-appeals.aspx>.

Funding Years

The Funding Year application-filing window will always open well before the beginning of the funding year on July 1. Check the RHC website for dates and details. The FCC requires applicants to re-file each funding year to participate in the RHC program, and applicants must complete and have a Form 465 posted on the RHC website for 28 days before they may select a service provider and become eligible to receive support.

Questions

If you have any questions or need help, you may call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time. Be sure to have your HCP Number available.

Sincerely,

RHC - USAC

cc: Alascom, Inc. - DBA AT&T Alascom, Providence Seward Medical Center

Ex. 18

GRUENSTEIN & HICKEY

DAN HICKEY (ghlaw3@goi.net)

ATTORNEYS

TEL (907) 258-4338

OF COUNSEL

RESOLUTION PLAZA

FAX (907) 258-4350

PETER GRUENSTEIN (ghlaw@goi.net)

1029 W. 3RD AVENUE, SUITE 510

BRIAN DUFFY (brianduffyattorney@gmail.com)

ANCHORAGE, ALASKA 99501

March 16, 2012

Via Federal Express and ECFS

Federal Communications Commission
Office of the Secretary
9300 East Hampton Drive
Capitol Heights, MD 20743
(PHONE NO.: 888-225-5322)

Re: *In the Matter of Request for Review by Providence Seward Medical and Care Center (also referred to in USAC's letter of January 16, 2012, as Providence Seward Mountain Haven) of Decision of Universal Services Administrator*
Docket No. 02-60
HCP No. 10382
Packet Nos. 4 102861 and 102862
Our File No. 3085.01

Dear Sir/Madam:

This office represents Providence Seward Medical and Care Center in connection with this request for a further review/appeal of USAC's Administrator's Decision on Rural Health Care Program Appeal dated January 16, 2012, a copy of which is attached as Ex. 1. This request is made pursuant to 47 CFR §54.719(c). We are filing this appeal electronically by the Electronic Comment Filing System (ECFS) pursuant to USAC's instructions for filing Rural Health Care funding decision appeals. We are also filing two copies by Federal Express to ensure compliance with your filing requirements and as a courtesy copy or in the event that two copies are required.

This is the second request for further review/appeal (appeal) of a USAC Administrator's determination of funding for these two T-1 circuits servicing Providence Seward Medical and Care Center in Seward, Alaska. The first appeal was filed with the FCC on September 24, 2011, and pertains to USAC's funding determination for the two T-1 circuits for Funding Year 2009 (FY 2009). That appeal is still pending with the FCC. This second appeal pertains to USAC's funding determination for the same T-1 circuits for Funding Year 2010 (FY 2010).

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FACTS

Providence Seward Medical and Care Center (PSMCC) is a rural health care provider in Seward, Alaska. Seward has a population of approximately 3,000 and is located in the southcentral region of Alaska, at the head of Resurrection Bay on the eastern shore of the Kenai Peninsula, a rugged largely wilderness area, with a significant mountain range running the length of the peninsula close to the eastern shore. See Ex. 2 – map of Alaska. Access to Seward is limited to small airplane, helicopter, boat, seasonal train, and by vehicle via one road that stretches 126 miles north to Anchorage, Alaska's largest city.

PSMCC consists of a six-bed acute care facility and a 43-bed long term care facility. Its services include emergency, inpatient hospital care, laboratory, radiology, rehabilitation, respiratory therapy, family care clinic, home health care, and long term care.

The facility is owned by the city of Seward, and managed by Providence Health & Services. Providence Health and Services (PHS) is a not-for-profit network of hospitals, care centers, health plans, physicians, clinics, home health services, affiliated services and educational facilities that span five states, including Alaska. One of the PHS facilities is the Providence Alaska Medical Center (PAMC), which is located in Anchorage and is Alaska's largest hospital. As a PHS managed facility, PSMCC has access to many of PAMC's services, including the services of radiologists and pathologists who interpret the imaging and lab services that are provided at PSMCC, and the Electronic Medical Record (EMR) data center.

All of PSMCC telecommunication (T-1) circuits connect back to PAMC and are used primarily for transmitting digital imaging (PACS, CT, X-ray), biomedical resources (drug libraries, instruction or information on pumps, etc.), facility operations, and Electronic Medical Records (EMR).

The use of and tie-in to PAMC's EMR plays an important role in the delivery of health care in the small rural community of Seward. It provides a single repository for all patient information and can be accessed across the continuum of care (e.g., PAMC, and physician offices). For the vast majority of heart attack, stroke, and traumatic injury patients on the eastern side of the Kenai Peninsula, PSMCC is the only place where they can be stabilized and given initial treatment before being transferred to a tertiary care center, which is almost

always PAMC. Electronic medical records facilitate the emergency room treatment and transfer of these patients and contribute to high quality emergency and trauma care equivalent to that available in Anchorage, Alaska's largest urban center.

For many years, PSMCC relied on two T-1 land circuits supplied by carrier GCI that traveled between Seward and Anchorage through the Chugach Mountain Range. These circuits traverse through several mountain passes that are subject to avalanches, high wind, and other adverse climatic conditions that have subjected the circuits to outages during winter months, which in Alaska are particularly lengthy and which have impacted patient care and safety at PSMCC. In addition, the single roadway connection between Seward and Anchorage is subject to being periodically closed for between several hours and several days, several different times each winter, due to avalanches that block the roadway. This reality combined with stretches in the winter when small plane travel in and out of Seward becomes impossible as a result of prolonged adverse weather conditions results in periodic instances when seriously injured or seriously ill patients cannot be medivaced to Anchorage necessitating periodic interim intensive care at PSMCC, during which absolutely reliable communications can make the difference between life and death.

Over the past three and one-half years, PSMCC's reliance on PAMC and its staff of advanced practitioners for the operation of its clinic, emergency department, and radiology and lab services has grown significantly. This growth, along with implementation of the EMR database has increased the need for uninterrupted connectivity with PAMC.

In the spring of 2009, PSMCC explored available telecommunication options that could provide PSMCC's circuits with increased bandwidth, redundancy and diversity to maintain PSMCC's operations without interruption in connectivity. It was determined that the only option¹ available that could provide geographic and carrier diversity and redundancy was a submarine fiber optic circuit, already then in existence, that traverses from Seward to Kodiak Island and from Kodiak Island to Anchorage. See Ex. 3 – map of all cable circuitry in Alaska with a blow up of the circuitry servicing Seward. AT&T submitted a proposal to provide PSMCC with two T-1 private line submarine fiber optic circuits at a custom fiber rate that was not a mileage based rate.

¹ Satellite service is not a viable option due to its high latency rate.

On July 31, 2009, PSMCC finance officer, Maryann Freepartner, submitted a Form 465 to USAC for the two additional T-lines to transmit data and medical images, including X-rays and CT-scans, view dictation and lab results, and to access EMR. The Form 465 was successfully posted to USAC's website. No competitive bids were subsequently received in response to the posting.

On August 28, 2009, PHS entered into an agreement with AT&T to provide PSMCC with two private line circuits at a custom fiber rate with a total monthly recurring charge of \$9,005.20 per line. See Ex. 4 – Pricing Schedule.

On November 3, 2009, the two T-1 circuits were installed.

Following installation of the circuits PSMCC Finance Officer Maryann Freepartner worked with AT&T in gathering the information necessary to submit Form 466s for the T-1 circuits.

On February 22, 2010, Ms. Freepartner submitted the Form 466s for the two T-1 lines for FY 2009. Ex. 5. Since the pricing for the T-1 circuits was not distance based, funding was requested using the Comprehensive Rate Comparison method.

Following submission of the Form 466s, various email requests for additional information were received from USAC Reviewer Hazel Diaz. Ms. Freepartner, being new to her position as Finance Officer at PSMCC, worked with AT&T Representative Amy Merchant in obtaining the requested information, which she in turn provided to USAC Reviewer Ms. Diaz.

Through a letter dated September 30, 2010, two hundred twenty-five days after submission of the Form 466s, and well into the FY 2010 funding year, Ms. Freepartner finally received Funding Commitment Letters for the two circuits for FY 2009. These letters reflected funding amounts for the circuits at rates considerably reduced from what Ms. Freepartner had requested and anticipated based on the actual cost per line per month. See Ex. 6 - Funding Commitment Letters.

On October 12, 2010, in response to a request from Ms. Freepartner for an explanation of the funding computation, Ms. Diaz sent an email to Ms.